



**Supplemental Application Data Sheet**

**Application Information**

|                                     |  |
|-------------------------------------|--|
| Application Type::                  | Regular  |
| Subject Matter::                    | Utility  |
| Suggested Classification::          |  |
| Suggested Group Art Unit::          |  |
| CD-ROM or CD-R?::                   | None   |
| Number of CD disks::                |  |
| Number of Copies of CDs::           |  |
| Sequence Submission?::              | None   |
| Computer Readable Form (CRF)::      | No   |
| Number of copies of CRF::           | 0  |
| Title::                             | HEAT GENERATING BIOCOMPATIBLE<br>CERAMIC MATERIALS |
| Attorney Docket Number::            | 1510-1066  |
| Request for Early<br>Publication?:: | No   |
| Request for Non-Publication?::      | No   |
| Suggested Drawing Figure::          |  |
| Total Drawing Sheets::              | 1  |
| Small Entity?::                     | Yes  |
| Latin Name::                        |  |
| Variety Denomination Name::         |  |
| Petition Included?::                | No   |
| Petition Type::                     |  |
| Licensed US Gov't Agency::          |  |
| Contract or Grant Numbers::         |  |
| Secrecy Order in Parent<br>Appl.?:: | No   |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: NIKLAS  
Middle Name::  
Family Name:: AXEN  
City of Residence:: JARLASA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: SATRARNA  
  
City of Mailing Address:: JARLASA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-740 21

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: TOBIAS  
Middle Name::  
Family Name:: PERSSON  
City of Residence:: UPPSALA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: LASTMAKARGATAN 5 A

City of Mailing Address:: UPPSALA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: 754 34

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: LEIF

Middle Name::

Family Name:: HERMANSSON

City of Residence:: ~~UPPSALA~~ LANNA

State or Province of  
Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: ~~STENBROHULTSVAGEN 20~~  
LANNA GARD

City of Mailing Address:: ~~UPPSALA~~ LANNA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: ~~S-757 58~~ 74011

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: DAN

Middle Name::

Family Name:: MARKUSSON

City of Residence:: VAXJO

State or Province of  
Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: SLUPVAGEN 7

City of Mailing Address:: VAXJO

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: 352 55

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

|                         |        |
|-------------------------|--------|
| Representative Customer | 000466 |
| Number::                |        |

**Domestic Priority Information**

|               |                      |                         |                         |
|---------------|----------------------|-------------------------|-------------------------|
| Application:: | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
|               |                      |                         |                         |
|               |                      |                         |                         |

**Foreign Priority Information**

|           |                         |               |                       |
|-----------|-------------------------|---------------|-----------------------|
| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
| SWEDEN    | 0202895-9               | 9/30/02       | Yes                   |
|           |                         |               |                       |

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::